

P18000052010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

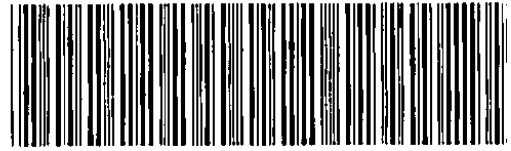
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OCT 07 2019

RECEIVED
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 945225 7706863

AUTHORIZATION :



COST LIMIT : \$ 43.75

ORDER DATE : October 4, 2019

ORDER TIME : 3:17 PM

ORDER NO. : 945225-005

CUSTOMER NO: 7706863

DOMESTIC FILINGS

NAME: POWERLASE TECHNOLOGIES INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POWERLASE TECHNOLOGIES INC.

DOCUMENT NUMBER: P18000052010

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phillip Kennedy

(Name of Contact Person)

Powerlase Technologies Inc.

(Firm/Company)

14101 Capital Blvd

(Address)

Youngsville, NC 27596

(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip Kennedy

(Name of Contact Person)

at (919) 526-1414

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|--|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
POWERLASE TECHNOLOGIES INC.

SECOND: The document number of the corporation (if known): PI8000052010

THIRD: The date dissolution was authorized: September 24, 2019

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for diss was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Phillip Kennedy

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILED
SEP 24 2019
AM 9:42

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown c against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: POWERLASE TECHNOLOGIES INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

A person desiring to assert a claim ("Claimant") against this corporation should mail their claim to the address listed below. The claim should provide a reasonable description of the facts and circumstances giving rise to the claim, the amount of the claim asserted and all reasonably available documentation supporting the existence and veracity of Claimant's claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Powerlase Technologies Inc.

c/o Andritz (USA) Inc.

5405 Windward Parkway, Suite 100W

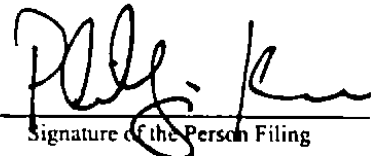
Alpharetta, GA 30004

Attn: Legal Department

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is cor within 4 years after the filing of this notice.

Phillip Kennedy

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00